

BQIS - Choking Incident Risk Management Survey Process

Focus: Individuals with identified risk issues for choking based on incident report data.

1. Incident reports involving choking will continue to be classified.
2. Incident reviewers will continue to send '*signs/symptoms of aspiration to watch for*' to:
 - the person responsible for follow up
 - the residential provider
3. Incident reviewers will send the checklist of questions for choking (with the appropriate questions identified for response) to:
 - the person responsible for follow-up
 - the residential provider
 - the service coordinator
4. Incident reviewers will request supporting documents noted at the bottom of the checklist of questions (dining/risk plans, staff training, etc.).
5. All requested documents will be reviewed by the designated incident reviewer along with a risk management clinician.
6. If the documents are adequate, the incident reviewer will report the status in an E-mail to:
 - the follow-up person
 - the residential provider
 - the service coordinator
7. If the documents are not adequate, but significant progress is clearly shown, then:
 - further communication with the follow-up person will occur
 - a second draft will be reviewed by the designated incident reviewer along with the risk management clinician
 - If this second draft is acceptable the incident reviewer will report the status in an E-mail to:
 - the follow-up person
 - the residential provider
 - the service coordinator
8. If the second draft documents do not adequately meet the needs of the individual, or the responsible person does not respond, the risk management clinician will contact the case manager to discuss potential approaches to resolve any remaining issues.
9. The incident/risk management department will monitor data sources for:
 - a decrease in choking incidents
 - improved information submitted on initial incident reports